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Understanding Intimate Partner Violence in the LGBTQ+ Community

Produced by the **HRC Foundation**

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Content Warning:

This resource discusses issues of intimate partner violence (IPV) that some readers may find sensitive. If you are experiencing IPV, please visit the *CDC's intimate partner violence page for a list of resources and* crisis hotlines. You may also view HRC's *mental health resources and QTBIPOC mental health resources for LGBTQ+ specific crisis hotlines. If you or a loved one are in imminent danger, please call 911.*

Intimate Partner Violence (IPV), also known as domestic violence, partner abuse, or dating violence, refers to the various means of control used by an abuser against their partner in an intimate relationship. According to the Centers for Disease Control, IPV includes many forms of abuse, including "*physical violence, sexual violence, stalking and psychological aggression (including coercive tactics) by a current or former intimate partner (i.e., spouse, boyfriend/girlfriend, dating partner, or ongoing sexual partner*)." Anyone—regardless of their identity, or that of their partner—can experience IPV.

However, misogynist gender roles, racial/ethnic stereotypes and institutional discrimination, and economic insecurity, put certain segments of the population at greater risk, such as women, BIPOC people, those living in poverty, and younger adults. For LGBTQ+ people, these same social determinants compound with homophobic and transphobic stigma, creating even greater risk of IPV among the community.

Prevalence of IPV Experiences Across the Life Course

LGBTQ+ women, trans people and non-binary people are equally as likely, if not more so, than their cisgender and heterosexual peers to have experienced IPV at some point in their lifetimes. According to the Centers for Disease Control and Prevention (CDC) 2010 National Intimate Partner and Sexual Violence Survey (NISVS), LGB women are significantly more likely than straight women to have ever experienced IPV in their lifetime,

reported by 61% of bisexual women, and 44% of lesbian women, compared with 35% of straight women.

Among men, a third of bisexual men (37.3%), versus a little over a quarter (29%) of heterosexual men, had experienced IPV in their lifetime; gay men were slightly less likely than heterosexual men to experience this (reported by 26%). Transgender people experience IPV at rates even higher than their cisgender peers; an analysis of the 2015 United States Transgender Survey found that more than half (54%) of all trans and non-binary people have experienced IPV at some point in their lifetimes.

For many LGBTQ+ people, IPV often begins in youth or young adulthood. One in five (19%) lesbian, gay and bisexual high school-aged students say they have been forced to have sex, compared with 6% of straight students. Another study found that nearly one in four (24%) transgender high school-aged students say they have been forced to have sex, as well as 15% of their cisgender peers. In addition, lesbian, gay and bisexual high school-aged students report elevated rates of physical (13%) and sexual (16%) dating violence, compared to the rates of physical (7%) and sexual (7%) dating violence reported by their straight peers. Transgender students also report high levels of physical (26%) and sexual (23%) dating violence, compared to the rates of physical (15%) and sexual (16%) dating violence reported by their cisgender peers.

Why are LGBTQ+ people at risk of IPV?

IPV, like all forms of abuse, is about maintaining power and control, be it through physical, sexual, financial, or emotional threats and violence. IPV can occur regardless of a victim or perpetrator's sexual orientation, gender identity or relative strength, and any type of person can be a victim or perpetrator of IPV regardless of their identity. However, people from marginalized groups are at an increased risk for experiencing IPV, as abusers will often capitalize on existing social and economic vulnerabilities to wield control. For LGBTQ+ people, this often shows up by abusers weaponizing existing homophobic and

transphobic systems of stigma, discrimination, and lack of education around LGBTQ+ people, to perpetuate their control.

A good way to think about this is the LGBTQ+ Power and Control Wheel, developed by Roe & Jagodinsky, and adapted from the Power and Control Wheels of the Domestic Abuse Intervention Programs. The wheel diagrams how abusers enact power and control through the techniques and actions listed in each segment (e.g., economic abuse, coercion and threats, intimidation, etc.), in order to instill fear, domination, and coercion in their partner, creating the scenarios for abuse (inner ring) to occur. Homophobia, biphobia, transphobia, and heterosexism surround the wheel to indicate how these systems of hate and discrimination can be weaponized for every technique and action, and further create the scenarios where violence is more likely to occur

Abusers may take advantage of the threat of homophobia and transphobia LGBTQ+ folks face in their communities, and the impact it can play on social support and economic security. One of the ways these systems of stigma are leveraged by abusers against LGBTQ+ people is the "identity abuse," or the threat of outing them to family, friends, or coworkers if they do not remain in abusive relationships, knowing—or threatening--that outing could cost them their job, housing, or systems of support. Abusers may also further weaponize the stigma faced by LGBTQ+ people by manipulating their partner into staying by claiming nobody else will love them--or they may capitalize on survivors already being isolated by family and social rejection of their sexual or gender identity, in order to further isolate their victims and continue their abuse.

Abusers may also take advantage of patriarchal societal expectations around gender, sexuality, and power. For example, myths and expectations about the "typical" IPV scenario of a cisgender man abusing his cisgender woman partner, may lead abusers to gaslight their LGBTQ+ victims into thinking they cannot be abused due to their relationship not conforming to these stereotypes. Stereotypes around LGBTQ+ people specifically can also be weaponized: for example, bisexual people—who are significantly

more likely than their lesbian and gay peers to experience IPV--face the stereotype that they are hypersexual, which abusers may exploit to pressure them into unwanted sexual contact.

Other structural factors like age, poverty, and other forms of stigma, can further intersect with LGBTQ+ identities to place some groups at higher risk than others. Transgender people, particularly Black transgender women, face a heightened risk of IPV victimization that is fatal. This is due to the compounding effects of racism and transphobia as well as higher rate of IPV risk factors such as poverty and lack of institutional support. Age related determinants of IPV that impact younger adults, such as power imbalances from older partners, and fewer social and economic resources, may be magnified even further for LGBTQ+ young people, who may lack affirming and accepting parents, teachers, or mentors who can provide access to resources, programs, or support to help avoid or leave an abusive relationship. Higher rates of poverty, economic insecurity, and homelessness /housing insecurity among LGBTQ+ people, particularly BIPOC LGBTQ+ people, transgender people, and bisexual people, can also contribute to increased risk of IPV, as abusers can capitalize on their partners' inability to afford to leave their home, job, or community.

What are the consequences of IPV for LGBTQ+ People?

IPV has a significant impact on the health and well-being of victims. It may lead to physical health effects such as bodily injury or sexually transmitted diseases as well as mental health effects such as depression or PTSD. Most studies on IPV in the LGBTQ+ community focus on prevalence and more research is needed to examine the impact of IPV on the mental and physical health of LGBTQ+ people. However, existing studies have shown that IPV victimization is linked to negative health outcomes for LGBTQ+ people. A systematic review of studies around IPV among men who have sex with men found increased rates of substance use, depressive symptoms, HIV positive status and engagement in unprotected sex. A study of LGBTQ+ youth found that those who

experienced IPV were at greater risk for future depression and anxiety. A third report found that LGBQ+ women who experienced IPV were more likely than straight women to report negative impacts such as missing a day of school or work, and one or more symptoms of post-traumatic stress disorder (PTSD).

Why don't more LGBTQ+ people experiencing IPV seek help?

The negative effects of IPV faced by LGBTQ+ people are exacerbated by the barriers they face to seeking help. Barriers to help seeking by LGBTQ+ survivors covered in two different systematic reviews include:

- Low awareness and availability of affirming services, which may lead LGBTQ+ people to delay or avoid reporting, out of a feeling they have nowhere to go
- Difficulty accessing LGBTQ+ specific or inclusive/affirming agencies and services, due to them being few in number, and potentially far distances away. For instance, a 2016 report by the National Coalition of Anti-Violence Programs found that 44% of LGBTQ+ survivors of IPV were denied shelter services when seeking help
- This is particularly true for transgender, non-binary, and gender non-conforming survivors who are at risk of being turned away, mistreated, or deadnamed/misgendered in shelters or services that are segregated by sex
- Hesitation to report out of fear of encountering anti-LGBTQ+ stigma, driven by prior negative and discriminatory experiences with health care providers and institutions, the police, and the judicial system
- Negative experience when reporting to providers or the police, including being turned away, discriminated against, or having their complaint dismissed, downplayed, or ignored because perpetrator was a same-sex partner and/or survivor was LGBTQ+
- Historical systemic biases against LGBTQ+ people /same-sex couples from the police and judicial system, including increased risk of police brutality, decreased likelihood of

having orders of protection enforced, and stigmatizing homophobic, transphobic, and misogynistic attitudes held by providers and police, all further perpetuate distrust and hesitation to report

Many LGBTQ+ IPV survivors also experience additional barriers to reporting and help seeking unique to their LGBTQ+ status, as the same systems of discrimination and stigma that abusers rely on to perpetrate abuse, can also serve as barriers to LGBTQ+ survivors seeking—and receiving—help. For instance, the same systems of homophobic/transphobic stigma and discrimination that lead threat of outing to be an effective technique by abusers to perpetrate IPV, may lead LGBTQ+ survivors to avoid reporting, for fear that doing so will force them to out themselves before they feel safe or ready. Stereotypes about typical gendered IPV scenarios may be internalized by LGTBQ+ survivors, leading victims to feel shame about being abused and avoid seeking help, or to feel stressed about disclosing abuse to friends and family or fear that they will not be believed or sided with. At the same time, LGBTQ+ people who do report may be ignored or not believed when they do seek help, as their demographic background does not match a stereotypical victim narrative.

What do we need to do?

There are numerous steps that can be taken to reduce IPV against LGBTQ+ people. IPV research and educational materials and clinical intakes should use inclusive language that does not assume cisgender or heterosexual identities in IPV situations. Clinicians should educate themselves on the unique issues faced by LGBTQ+ IPV survivors when treating and assessing them. Shelters and community IPV programs should commit to LGBTQ+ inclusivity to create safe spaces for all survivors. Research and data collection on IPV should include SOGIE data and target understudied and underserved populations including transgender and bisexual people. We must also work to reduce overall societal

stigma against LGBTQ+ people that prevents LGBTQ+ survivors from seeking help. LGBTQ+ IPV survivors deserve to be heard and supported without fear of stigmatization.

Additional Resources

- American Psychiatric Association - Treating LGBTQ Patients Who Have Experienced Intimate Partner Violence
- CDC – Intimate Partner Violence
- HRC - Mental Health Resources in the LGBTQ+ Community
- HRC - QTBIPOC Mental Health and Well-Being

The Human Rights Campaign reports on news, events and resources of the **Human Rights Campaign Foundation** that are of interest to the general public and further our common mission to support the LGBTQ+ community.

TOPICS:

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